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ORIGINAL DEPARTMENT.

LECTURE.

ACUTE JAUNDICE, WITH CEREBRAL SYMPTOMS.

BY WILLIAM PEPPER, A. M., M. D.

Delivered at the Philadelphia Hospital, Oct. 5th, '75.

REPORTED BY JOHN GUITERAS, M. D., PH. D.

The following case was exhibited to the class, and formed the basis of the subsequent remarks.

Charles Young, æt. 33. American; intemperate; carpenter. Four weeks before admission, after having been drinking to excess, he noticed pain in the epigastrium, and jaundice, followed by vomiting and great prostration. It was with the greatest difficulty that he walked to the hospital. When first seen he was in a semi-comatose condition, and had just vomited a small amount of dark offensive matter. The face and trunk were quite yellow, but the hands were bluish, cold and clammy. The tongue was heavily coated; pulse 42; respirations 7 in the minute. His temperature ranged between 97° and 98°. The liver was slightly enlarged. Four ounces of a rather dark, offensive urine were drawn from his bladder. Its examination revealed an acid reaction. No albumen, sugar, leucine or tyrosine present. No excess of urates or phosphates, but a marked increase of uro-hæmatin; bile pigment, red blood corpuscles and leucocytes were present in small quantities. After repeating an injection of croton oil, four passages of dark offensive fecal matter were procured.

After defining the term jaundice, the lecturer prefaced his remarks by stating that jaundice

is not a disease, any more than cough, pain or dropsy are diseases. It is a symptom which may be due to morbid conditions of the blood, or to various alterations of the hepatic function. Thus, from the first cause, we find it in pyæmia, and in yellow fever, etc.

Prominent among the causes of jaundice from hepatic disturbances, we find the different forms of obstruction of the bile ducts. In these cases, if the obstruction be due to the passage of a gall stone, the attack is sudden, attended with intense suffering in the region of the gall-bladder; and we often learn, on inquiring, that similar attacks have preceded. As the already formed bile is prevented from reaching the intestines so long as the gall-stone is passing through the duct, we have, in this class of cases, proof of its absence from the bowel, in the clay-colored stools; and of its re-absorption, in the intense jaundice and the dark urine, heavily loaded with the biliary acids and coloring matter. There is also an absence of marked cerebral symptoms.

We get no such history from our patient; we find the stools dark-colored and offensive, the urine not so heavily loaded, and he presents signs of a profound poisoning of the nervous centres, a typhoid condition, and a great disturbance of the circulation and respiration.

There is another class of cases where the jaundice is due to a destruction of the hepatic tissue and consequent arrest of its secreting action. Here belongs one of the most fatal of diseases, namely, acute yellow atrophy of the liver. This affection has been frequently met with in pregnant women between the ages of 20 and 35, but it has also been found in the

male. The attack is preceded by a feeling of lassitude and some pain about the region of the liver. Vomiting soon sets in, and may become incessant, regardless of the ingestion of food. The yellow discoloration of the skin is not very intense, and may be confined to the face and trunk. The extremities present a bluish tint, and in the later stages they may be cold and clammy, as we found them in our patient. The urine is scanty, and there may be almost complete suppression. There are usually in the urine both albumen and blood corpuscles. The stools are dark and offensive, and hemorrhages may occur from any of the mucous membranes. There is intense prostration, the mind is dull, or there may be delirium and a typhoid condition verging on coma, with subsultus tendinum, and the mouth covered with sordes. The temperature is only moderately increased, and later in the case it may fall below the normal point. The pulse varies much; at times it is even slower than normal, but later, may become very frequent, feeble and small. Besides this, there is the most peculiar symptom of all, a rapid atrophy of the liver. The organ seems to melt away under observation, and in one week I have seen its area of percussion dulness reduced to one inch in breadth, the liver being diminished to one-half, or even less, of its size and weight.

You will, I am sure, have been struck with the remarkable resemblance between our patient's condition and this description of acute yellow atrophy, a disease of most fatal character. It is vitally important, then, to determine whether we have to do with a case of this affection. I do not know that there is anything in the general symptoms which could help us; but fortunately, in the condition of the liver and urine, we have symptoms which settle the diagnosis. You will have noticed, that although the case has been of some weeks' duration, and has reached a very grave stage, the liver, instead of being greatly reduced in size, is actually somewhat enlarged.

I have said that the condition of the urine was also opposed to the view that our patient had acute yellow atrophy of the liver. In this disease there is, in fact, an acute destructive inflammation of the hepatic structure, attended with a rapid fatty degeneration of the secreting cells. The function of the organ is abolished to a great extent; still, as there is no obstruction to the passage of whatever bile is formed,

into the intestines, we find that the stools are dark. It follows that the biliary acids are absent from the urine, and bile pigment is present in but small quantities, if at all. More remarkable is the fact that urea is almost absent, together with uric acid and the chlorides. In place of them, we find two substances never contained in normal urine, namely, leucine and tyrosine. The latter presents itself in the shape of needles, which may appear isolated or aggregated in fan-shaped groups or spheres. Leucine consists of opalescent, homogeneous drops, or spheres formed of concentric layers.

Now, on examining our patient's urine, by adding a drop of nitric acid to a few drops of urine on a plate, a play of colors, green, blue, violet, red, and finally green, proves the presence of some pigment, though the coloration of the urine is chiefly due to an excess of urohematine. Pettenkoffer's test for the biliary acids shows that these are absent. In addition, leucine and tyrosine are absent, and albumen is not present in a demonstrable quantity. I feel no hesitation, in consequence of these conditions, to form the conclusion that this is not a case of acute yellow atrophy of the liver.

We may also find jaundice following some profound nervous shock. Here the coloring matter of the blood seems to be suddenly decomposed, and symptoms may arise, similar to those of our patient. Indeed, such sudden impressions have been known to be the starting point of an acute yellow atrophy of the liver. Phosphorus and arsenic poisoning also bring about a disintegration of the liver, similar to the one we meet in acute atrophy, with symptoms not unlike those of our patient. But his history gives us no grounds for such suppositions.

Laying aside all the chronic diseases of the liver, I am forced, by exclusion, to consider this as a case of acute congestion of the liver, with catarrhal inflammation of the minute bile ducts. This gives rise to a partial suppression of function, and to the retention in the blood of a part of the effete, poisonous elements that enter into the formation of the bile. At the same time, a small amount of bile is secreted, some of which finds its way to the intestines, while a small portion is probably retained, owing to the obstruction of some of the fine bile ducts by accumulated epithelium, and is reabsorbed. Hence its appearance in the urine and in all the tissues.

It follows, from the nature of our case, that the mucous membrane of the stomach and intestines is engorged with blood. Vomiting has been caused by this condition, and it is probable, also, that some intestinal hemorrhage has occurred, and greatly contributed to the dark coloration of the feces. The systemic congestion has found relief in epistaxis and hematuria.

After calling attention again to the slight enlargement of the liver as further supporting the diagnosis; and after giving a favorable prognosis, the lecturer passed on to consider the treatment of the case.

The indications for treatment are: to check vomiting, to relieve the congestion, and to start the secretion of bile. The first of these indications is indirectly carried out by depleting the portal vessels by means of hydragogue cathartics. The irritability of the stomach precluded their administration by the mouth, and an enema of croton oil in emulsion was ordered, with very good result. The congestion of the stomach and liver is also relieved by counter-irritation. This was carried out by means of a large blister over the epigastrium; and you will often find this procedure very effective in the arrest of vomiting. By the mouth he was given, every three hours, a powder, consisting of

Calomel,	gr. ss
Opium,	gr. $\frac{1}{4}$
Subnitrate of bismuth,	gr. viij.

Whatever views about the action of calomel on the liver have been based upon experiments on the lower animals, clinical experience has taught me that it is a most powerful drug in relieving congestion of the liver, and promoting the secretion of bile. It also stimulates the action of all the gastro-intestinal glands, while at the same time it causes no irritation to the mucous membrane. In this it was powerfully aided by the opium, and by the bismuth, in virtue of its mild, sedative, astringent action.

After taking the third powder, the vomiting ceased. At present the character of his urine is improving. The intellect is rapidly clearing, all disposition to coma having disappeared; the tongue is becoming clean and moist, and the circulation is returning to its normal condition. His diet has been restricted to milk.

October 19th, 1875. Since the lecture, the patient has been rapidly improving, and is now

entirely convalescent. He is taking quinine and muriatic acid, to aid in restoring his strength and tone.

MEDICAL SOCIETIES.

MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association held its annual session in Baltimore, November 9, 10, 11, 12. Members were present from all sections of the country. The officers for 1874-5 were the following:—

President, Joseph M. Toner, M. D., Washington, D. C.; *Vice President*, Henry Hartsborne, M. D., Pennsylvania; *Treasurer*, John H. Rauch, M. D., Illinois; *Secretary*, Elisha Harris, M. D., New York; *Executive Committee*, Stephen Smith, M. D., N. Y.; J. A. Steuart, M. D., Md.; J. J. Woodward, M. D., U. S. A.; J. S. Billings, M. D., U. S. A.; Moreau Morris, M. D., N. Y.; A. N. Bell, M. D., N. Y.

Dr. James A. Steuart, Health Commissioner of Baltimore, welcomed the association to that city officially, and in the name of every reflecting man and woman in the community, because the cause in which they had embarked touched the nearest interest of every grade and class of society, and awakened a sentiment of the deepest gratitude toward those engaged in the improvement of the public health.

Dr. Toner, President, then delivered his Address, in which he stated that more rapid progress can be made by developing, educating and leading public sentiment, than by attempting too soon to enforce compliance with sanitary laws. The growing necessities for increased sanitary precautions, created by an advancing civilization, are being understood and provided for, and the highest skill of the architect, the chemist, the engineer, and the physician is employed in the service. The discovery and recognition of diseases must precede their removal, and hygienic principles should become a part of primary education. More contributions to the literature of State medicine have been made since the last meeting of the Association, by American sanitarians, than have been published in any preceding year.

Dr. Ezra M. Hunt, of New Jersey, then read a paper on "Dwelling Houses in their Relations to Health." The salient question is, has the

building been so constructed and arranged as to preserve the health of its inmates? Circulation of air is too much impeded in its construction. A house should never be placed flat upon the ground. But if we dig a cellar, unless the soil is well drained, we have but dug a big hole, and made a terminal reservoir. If an outlet is provided, it is an expanded part of a continued drain. Now, it is never healthy to live in a drain. "I am convinced," says Inspector Stiles, of New York city, "that the health of a very large number of our business men is being undermined by basement offices in buildings constructed of iron and stone." If basements are not occupied, a new series of evils occurs. Then, as neglected cellars, they become still damper, or, as the storehouses for various goods, serve to convey fungoid spores hither and thither in their removal. Instead of making the walls porous, as they should be, the architect makes of them house dams, to keep back the pressure of the water from without. To this end the moist, compact material is chosen. He criticised whitewashing and calcimining of walls as inferior to painting, illustrating the retention of organic matter by cases in the New York Hospital, and as reported in the French Academy. Fireplaces should always be made available for ventilation throughout the building, where warmth is needed, for draught. Dr. Hunt then passed to the discussion of outside structure, and showed how porosity of building material, such as excludes draught, but admits atomized air, is the one important prerequisite.

After a brief discussion of this paper, Dr. Henry Hartshorne, of Philadelphia, read a contribution on "The Sanitary Condition of American Watering Places," in which he argued that a watering place is a kind of developed camp. The same principles of sanitary science and practice, essentially, are capable of illustration in both. In watering places the sanitary requirements least apt to be early and fully considered, are those concerning drainage and conservancy. Mount Desert and Lake Mahopac, have, within a few seasons, had their times of special reversal of that relation to health for which they have been visited from year to year. Newport suffered with it in 1854. Saratoga has had, during the present year, an increased mortality from diarrhoeal disorders. An important problem is to obtain drinking water untainted by excrement or house drainage. Shall we avoid the ground as a source of water supply, or shall we endeavor to protect it from contamination? The first is a suitable measure, when arrangements are made for collecting rain water. When rain water is collected in a reservoir on top of the house, or by draining the rain fall from a slate roof, it should pass through a gravel, or better, a charcoal and gravel filter, before being used. At Atlantic City, two years ago, among quite a number of cottages in which typhoid fever occurred, all were supplied with water from wells, while every family drinking only rain water, escaped fever.

On the other hand, the non-contamination of the ground may be sought for by the use of sealed, non-porous privy wells, a method resorted to at Ocean Grove, New Jersey. Dr. Farr has tabulated the records of forty-eight English watering places for the spring of 1875, so far as refers to the total death-rate and to that from small-pox, scarlet fever, measles, diphtheria and whooping cough. He found great diversity in the average rate, varying from 12.6 deaths to 28 deaths per 1000. Such statistics need to have added particulars concerning mortality during periods when visitors throng these places. Dr. Hartshorne concluded with the following summary: First. A real danger exists to health at all watering places, in connection with the possible contamination of drinking water by soil saturation with ordure and house drainage. Second. To prevent this, one or both of two measures must be resorted to: (a). To use for drinking and cooking either rain water or water conveyed from a distant uncontaminated source. (b). To protect the soil from contamination by impervious walls of deposit for all matters of impurity. Third. The former of these measures may be always unhesitatingly recommended. For the latter to be carried out requires the existence of a controlling authority. Fourth. Sealed depositories of filth must be more liable than others to yield insalubrious emanations in the atmosphere. These may be removed by downward ventilation of trapped water-closets. Lastly. It is desirable that records of disease and mortality statistics of the watering places of the United States be collected at some central point.

Dr. Elisha Harris, Secretary of the Association, next read an important paper on "The Progress of Sanitary Work during the past year." He alluded to the fact that other States, as Alabama, Georgia, etc., had followed the good example of Massachusetts, California, Michigan, and Minnesota, in organizing State Boards of Health. The State Board of Georgia is largely medical, being composed of nine members, "physicians of skill and experience," appointed by the Governor, and four ex-officio members, viz: The State Geologist, the Attorney General, Comptroller General, and the elected Secretary. The first three months' work of this Board resulted in more universal popular support, as well as the support of the medical profession, than any other State Board of Health has experienced, except, perhaps, Massachusetts. Every locality, and almost every practitioner of medicine in Georgia, has been brought into official relation to the State Board by the reporting of the current vital statistics. The statute under which the Board of Health of New Orleans exists also as the Board of Health of the State, confers only the shadow of authority to do or permit any effective sanitary service, being limited to quarantine and certain proceedings against pestilential diseases. It is no derogation to other State Boards to say that, with the smallest power of aggression and interference the State Board in Massachusetts

has excelled all others in the variety and effectiveness of researches, and in this respect has been the pioneer or helper of every other State Board of Health. The Registration of Vital Statistics for Michigan being under the direction of the Secretary of the State Board of Health, as the Registrar General, that Board has enjoyed signal advantages.

In a brief discussion which followed, Dr. Ezra M. Hunt, of New Jersey, stated that much more was to be expected from the awakening of a public sentiment than from the mere formal organization of state boards. It would be unwise to have such boards composed wholly of medical men; it savored too much of class legislation. In Massachusetts the moving power was a lady, the wife of a member of the Legislature.

Prof. Hartshorne thought the establishment of boards was the very best way to excite public attention, especially if appropriate statistics were generally published, to invite reflection.

Dr. E. Lloyd Howard, of Baltimore, next read a paper on "Legislation upon Sanitary Matters." He alluded to the sufferings of that city from faulty and incompetent legislation on subjects affecting the public health. Their large and expensive almshouse was constructed, literally, without the slightest thought of ventilation. He had been assured by the State Supervisor of Public Instruction, that in Baltimore there is but one public school house in which adequate provision has been made for proper ventilation. Futile efforts have been made for the past six or eight years to improve the condition of the harbor and of Jones' Falls, which he described as a small rivulet, flowing through the centre of the city, usually scarcely noticeable except by the stench. Thousands and thousands of dollars have been squandered, and Jones' Falls is just as it was twenty years ago.

He thought the Association should devote attention to the consideration of the best plan for organizing permanent city and state Boards of Public Works, to secure more efficiency and uniformity. Every public hospital, almshouse, county prison and school house should be built under the supervision of such a board, through its architect or engineer, and not be left, for their ventilation and other hygienic needs, to chance or the caprice of ignorant builders.

Dr. Franklin B. Hough, of Lewis county, New York, then presented a paper on "Public Health Interests concerned in the Preservation of certain Primeval Forests, and in the Cultivation of Groves and Trees." He examined into the direct effects of temperature, moisture, electricity, and other physical causes associated with them. A level country, covered with forests, with imperfect drainage and the presence of decaying matter, is less healthy than one exposed to the sun and open to the wind. The soil and stagnant air near the surface are overcharged with moisture, and the decaying vegetation will, in hot climates, often tend to malarious diseases, of a typhoid, and sometimes of a malarious type. As the organic matter in a soil becomes entirely decomposed, a

region once noted for insalubrity may become quite free from malarious diseases, and exceptionally healthy. Belts of woodland intercept the sweep of winds bearing malarious emanations from the swamps, but whether this be from mechanical obstruction or from the absorption of the poisonous effluvia of the marshes, has not been sufficiently proved. The series of observations taken in 1867 by Dr. Ebermayer, Professor at the Forest Academy, at Aschaffenberg, Bavaria, gives the following results: First. The average annual temperature of atmosphere in the woods is one and a half to two degrees, Fahrenheit, below that of the open fields. Second. The average annual temperature at the crowns of the trees is about one and one-eighth degrees above that found in dense woods at five feet from the ground, and in the former case the average is a little over half a degree below that of unwooded land at a point five feet above ground. Third. In spring the average temperature in the forest is about three degrees below that of unwooded land, the difference being relatively less among deciduous trees than among pines. Fourth. The average temperature in the day-time in summer, in thick woods, is nearly four degrees below that of unwooded land. Fifth. The temperature of the atmosphere within the woods in the summer season increases nearly four degrees from the ground to the tops of the trees. Sixth. In autumn the difference in temperature at five feet from the ground is scarcely one and one-eighth degrees. Seventh. In winter the difference almost entirely disappears. Dr. Hough also spoke of the influence of groves and woodlands on the electrical condition of the atmosphere, of the agencies of woodlands in fixing drifting sands, and the hygienic influences of forests.

At the evening session, Hon. F. C. Latrobe, Mayor of Baltimore, presided. After alluding to the fact that the civilized world is now alive to the absolute necessity of a full enjoyment of those great sanitary agents, air and water, he said: That this was appreciated by the Romans is shown by the ruins of the Cloaca Maxima, and the records that have come down to us, in the Theodosian and the Justinian codes, of the provisions made in those days for the election of the Archiatri Populares, or State physicians, who, collectively, formed a college, whose duty it was to attend to the preservation of the public health. After the fall of the Roman Empire, with the spread of Christianity, all attention to public health seems to have been entirely lost sight of, and it is only within a comparatively short period that modern civilization has acted upon the teaching of the Apostle in regarding cleanliness as next to godliness. London, with its annual average death rate of only 25 in 1000, to-day the healthiest city in all European capitals, is an evidence of the results produced by the application of science to the preservation of public health.

Prof. Henry Coppee, of Lehigh University, Bethlehem, read a paper on "Health, subject-

ively considered," in which he alluded to the necessity of having a sound mind in a sound body; to the study, by each man, of his own needs for the preservation of health; to faulty habits of eating and drinking; the need of proper exercise, etc. If men were more scrutinizing, avoiding every excess, and studying hygiene, there would be an absolute revolution in society. In the golden age of the future, the subjective study of mental health will have a large place. Though the human mechanism is strongly put together, we must not brutalize the machine. There are few finer touches than that which was said of a distinguished officer, that he was careful of his health but prodigal of his life.

A paper on the "Essential Conditions of Good Sanitary Administration," was next read by Dorman B. Eaton, LL.D., Chairman of the U. S. Civil Service Commission. These conditions are the following:—

First. A majority of the people, or those whose advice this majority will follow, have an adequate conception of the true meaning and scope of sanitary laws and administration.

Second. Such majority, or its accepted advisors, have faith in sanitary precautions, and adequate knowledge how to devise and apply them.

Third. Effective methods, in harmony with our constitutions, social conditions, and ideas of justice and policy, should be provided by statute, for securing that co-operation of persons of the most instructed intelligence, and the highest sense of public duty, in aid of such administration. There is such an absence of any common method, such contrariety of aim, scope and authority, as indicates pervading immaturity of thought, and calls for an examination into the first principles of sanitary administration.

The Federal Government has already sanitary laws on many subjects, such as ventilation and overcrowding of ships, hospitals and asylums; food, medicines and housing of soldiers and sailors. It is not necessary, nor would it be wise, to increase the jurisdiction of the nation at the expense of that of the States, and it would suffice if each within its sphere should widely exercise the power it possesses. As a Republic, proclaiming the common brotherhood of men, in presence of the evidence that the leading monarchies are now surpassing us in the protection given to life and health, even among the poor and humble—in view of the fact that commerce has woven all nations into such a network of dependence that a pestilence in Central Asia alarms the whole commercial world—can we longer as a nation fold our arms and take no part in the work of building up better physical manhood; of removing sorrow and sickness from homes; of increasing length of days, and days of comfort, here on earth?

After the reading of an interesting letter from Archbishop Bailey, contrasting past and present sanitary measures, the Association adjourned until Wednesday morning, at which time it again

assembled, and after the election of a number of new members, listened to the report of the Treasurer.

Dr. John S. Billings, U. S. Army, then read the "Report of the Committee on the Plan for a Systematic Sanitary Survey of the United States."

The report refers to the attempts made by the National Institute, American Medical Association, and other societies, to obtain data for a comprehensive medical topography of the United States, and the causes of failure. The best data are found in the reports of medical officers of the army describing military posts, of which four volumes have been published, because the statistics of disease are given upon a uniform plan. In most papers on medical topography the medical part is left out, and in the best of them, only mortality statistics are given.

A medical topography should answer the following questions:—

First. What is the healthfulness, absolute and relative, of the place?

Second. What diseases will probably be aggravated and what relieved by residence at the place?

Third. What are the causes, local or endemic and climatic, of disease?

Fourth. What attempts are being made to improve the sanitary condition of the place?

After alluding to the difficulties in the way of collecting proper medical statistics, it was recommended that the attention of all medical societies in the United States be called to this subject, in order to secure, if possible, a system of registration of certain diseases.

Schedules have been prepared in such a way as to apply to all cities of 5000 inhabitants and upward, and relate to the following points:—

Location, population and climate, topography and geology, water supply, drainage and sewerage, streets and public grounds, habitations, gas and lighting, garbage and excreta, markets and food supply, slaughter houses and abattoirs, manufactures and trades, schools and school buildings, hospitals and public charities, police, prisons and crimes, fire establishments, cemeteries and burial, public health laws, regulations and officials, registration and statistics of disease, quarantine. Under each of these heads a number of questions have been prepared, covering every point, as far as possible.

Dr. Bussey, of Washington, offered the following resolutions, which were adopted:—

Resolved, That the report be referred to the Executive Committee, with instructions to appoint a special committee, whose duty it shall be to carry into effect the plan for a systematic survey of the United States.

Resolved, That the Executive Committee shall memorialize the Congress of the United States to detail a medical officer, who, under the direction of the Surgeon General of the United States Army, shall coöperate with such committee in the prosecution of the duties of the committee.

The following are the names of the committee so appointed:—Dr. Elisha Harris, Chairman,

N. Y.; Drs. Ezra M. Hunt, N. J.; J. H. Rauch, Ill.; H. B. Baker, Mich.; J. A. Stuart, Md.; C. B. White, La.; J. N. Logan, Cal.; J. S. Billings, U. S. Army; H. S. Brown, J. M. Toner, D. C.; J. M. Woodworth, U. S. Marine Hospital Service, with power to add to the committee.

An interesting communication was read from a health organization of thirty-seven cities on the Lower Rhine, with reports of their transactions, and desiring that the two societies might be henceforward bound by ties of friendship and fellowship.

Dr. W. C. Van Bibber, of Baltimore, read a paper on "The Necessity for and Selection of Summer Resorts for the different classes of People." There are more than 2000 of these that can be enumerated; over 500,000 people visit them annually. The amount of money invested in them is many millions. Fares to reach them sum up many millions more. It might be wise for counties or villages to regulate their management by law, as is done at Marienbad Spa, where no rooms can be rented into which the sun does not shine. Three hundred thousand invalids receive benefits from sanitary resorts annually; more cases of rheumatism and gout are met with there than any other disease. Sea side and exposed mountain heights should not be a first choice for a rheumatic. Sheltered places, medium altitude, and warm baths offer a better chance. Dry and stable climate should be selected. Regions affording a variety of baths of different temperatures, near together, are better. Next in number are sufferers from the effect of malaria. The remedy is in a removal to anti-malarial regions. A sudden and severe change is apt to be followed by chills and fever. The change should be gradual; they should not go to a great height too suddenly. A resort six hundred or eight hundred feet above the level of the sea, should be first tried. The same resort does not always produce good results in all cases. Invalids suffering from debility claim the third place in numerical importance. Sea bathing has a marvelous effect over this condition. But how long should one remain at the seashore? This will depend on the healthfulness of the resort. Dyspeptics and sufferers from neuralgia are a large class who seek watering places for health. The aged run risks in traveling to and from resorts where the climate is too rigorous. For old and young suffering with dyspepsia, the multiplicity of resorts affords means of relief. Chronic abdominal and pelvic diseases require easy traveling; not too far or too long. Astringent iron waters, carefully used, bring relief. The effect of distance traveled should be considered. Where shall the consumptive go? Almost every one has an interest in this question. (A map was shown by Dr. Van Bibber, having but three small white spots upon it; one is amongst the Cumberland mountains; another in the mountains and hills of Western North Carolina, South Carolina and Georgia, of which the towns of Asheville and Aiken are the centres;

the third is the northern part of the peninsula of Florida). During the last year over 20,000 consumptives visited this peninsula for their health. Consumptives should go where they can be most days out of doors.

Should those consumptives in the third stage of consumption go to resorts? A removal out of impure city air is sometimes the best chance for relief and life. It has been proposed by the President of this Association to organize villages or camps outside the cities, further than the parks, for the relief of poor invalids. The money value of all healthy persons has been estimated by statisticians. The expense of sickness, with all its factors, is the largest item a corporate body can have. The large sums already invested in parks, given for excursions, and which must be spent to forward sanitary camps or villages, may be found hereafter to be the greatest economy.

Professor Geo. H. Cook, State Geologist of New Jersey, read a paper on "The Drowned Lands of Orange Co., New York, and Sussex Co., New Jersey, and the Sanitary and Economic Importance of Drainage for them;" after which, Dr. Sanford B. Hunt, of New Jersey, presented one on "Soil Drainage, and Atmospheric Humidity." He discussed these subjects in their relations to health and disease, and stated that at Niagara Falls and Buffalo, in the year 1854, when the cholera was raging in those cities, the severity of the disease depended entirely upon the humidity of the atmosphere, and that as the dew point went up the death rate correspondingly increased. He considered the effects upon the humidity of the air caused by deep soil drainage, and instanced occurrences of epidemics among men and beasts, due to the effects of such drainage, and thus bringing to the surface the poisons contained in the soil.

Professor H. R. Noel, M. D., of Baltimore, read a paper on "Sewer Gas as a cause of Diphtheria, Membranous Croup, and Typho-malarial Diseases," in which he said that the question of action of sewer gas upon the human constitution is difficult of solution. The malign influence stamps its mark upon all classes. In one family, consisting of eleven members, a disease of an endemic character broke out, and three of them had scarlet fever, and five diphtheria. The cause was a sink, the effluvium from which was terrible. In some of the patients the two diseases were blended. In another family, a mother and daughter were stricken down with typho-malarial fever. In each of them the cause was the same—exhalation from sinks or sewers. Our ordinary vital statistics give only deaths. No mention is made of confirmed invalids and of those who suffer through their lives from the effects of causes of this kind. Few practitioners are daring enough to tell wealthy citizens that their privies are uncleanly and that their sinks are not emptied frequently enough. The doctor would lose his practice, for the family would call in another physician. The duties of the Legislature and City Council are, to enact laws for the suppression of these

nuisances, but they cannot do it understandingly unless accurate data of the needs of the cities are furnished them.

At the afternoon session, General Egbert L. Vié presented a valuable paper on "Drainage, Sewerage, and Water Supplies of Cities." He illustrated his remarks by a large map, including New York city, and twenty-seven other cities and villages. The absolute value of these three branches of sanitary engineering as preventive measures is found in the records of vital statistics, where communities are too often forced to go for that knowledge which they will only accept at dear-bought experience. He spoke of the responsibility attached to those in authority in connection with sanitary improvements; the legacy of accumulated evils handed down to the future through their neglect will be a lasting evidence of their unfaithfulness. Drainage, sewerage and water supply require, in their treatment, the most careful study, the most complete laws and thorough workmanship. There is a general impression that sewerage and drainage mean the same thing, or, if there is any difference, it is that sewerage is applied to cities and drainage to the country, and this erroneous idea has been the cause of a great deal of mortality in large cities, as in New York, where drainage, as a distinct feature of civic improvement, has, until within the last few years, been entirely ignored. A drain is intended to remove from the soil the superabundant moisture that produces or influences animal and vegetable decomposition, which vitiates the air, creating poisonous malaria, which, through respiration, is conveyed to the lungs and thus into the blood.

The capacity of different soils for retaining moisture was considered, with proper modes of drainage. The subject is of equal, or, if possible, more importance in small communities, where water in wells is in danger of pollution, as in larger cities. A sewer is to carry off surface water, or liquefied refuse of dwellings. From its very nature it cannot be a drain, as water cannot percolate in it, nor can a drain be converted into a sewer, as the refuse liquid would percolate into the earth, polluting wells and springs. Sewerage is dependent, for its successful accomplishment, on existence of water supply, an ample quantity of water being absolutely necessary for flushing. Sewers constructed without proper descent, or used without sufficient quantity of water, are simply elongated cesspools, and public nuisances, and, without proper ventilation, are huge retorts, in which the most poisonous gases are daily distilled and forced into all the dwellings connected with them. The problems of sewerage involve the closest mathematical calculations, the strictest formulæ of hydraulics, the nicest elements of chemistry, and most careful meteorological observations. The removal of sewage matter from dwellings and its final disposition, the chemical action of sewer gases and our sewer system, were fully and ably considered by General Vié. He thought it was

the imperative duty of the national, State, or municipal governments in this country, to take steps for testing the pneumatic system. If it shall be found to work here as successfully as it has been conducted at The Hague, and as economically, it is due to the position we occupy as a civilized and intelligent people, that it should be substituted for the present defective and dangerous method of removing excremented refuse. The pneumatic system was described, after which the report treated, at length, of water supply.

Prof. R. C. Kedzie, M. D., of the Agricultural College, Michigan, read a paper on "The Use of Poisons in Agriculture and Horticulture." Poisons to destroy insects may be used in small quantities, but of a kind that will not injure the crops of the person using them, and should possess such physical characteristics as not to be mistaken. Arsenical preparations are extensively used, especially Paris green. White arsenic and soda arsenic are dangerous, and easily mistaken for soda or salt. Paris green does not affect the plant injuriously, in the minute quantities in which it is used, and can be easily recognized, and the plant does not absorb the poison, but it is not always safe to the user when carelessly used. The report further treats of the effects of this poison in horticultural experiments. It is equally poisonous to animal and vegetable life. When applied to wheat, or to land upon which this crop is raised, the arsenic will make its appearance in the grain, and thus render it useless for family use. The paper contained letters from the secretaries of the different State boards, going to show that in most cases the poisonous results were due to a careless use of the article.

Dr. Allan McLane Hamilton, of New York, followed with a paper on "Nervous Diseases among School Children," in which he proposed to inquire: First. What are the physiological demands, and how far are they granted? Second. What is the machinery, and what are the methods of study in vogue? Large numbers of sickly children crowd the public schools in our large cities. In regard to the question of methods and machinery of instruction, he referred to the reports of the Inspector of the Health Department of New York and those of the Superintendent of Education. We may expect, and do find congestive and nervous diseases very common in early life. The statistics of all large cities show that death from such diseases is far more common than at any other time of life. Improper school hygiene may affect the nervous system directly or indirectly. He then considered the evils resulting from improper ventilation of school rooms, digestion impaired by confinement, from severe and continued mental strain, and the various conditions of physical disease which follow. He was convinced that more pleasant surroundings would do much to engender an æsthetic taste, and make the forms of study more agreeable.

Professor W. C. Kerr, State Geologist of North Carolina, presented a paper on "Sani-

tary Relations of Drainage and Water-Supply" in some of the Southern States, after which one by Dr. D. F. Lincoln, of Boston, was read, on "School Hygiene." He referred to the demand for more general instruction in hygiene in our public schools. Gymnastics should be practiced, especially by the girls. The schools should be brought under the control of proper sanitary officers. Every city should have an inspector of schools, a member of the medical profession, who should devote his entire time to the duties of his office. An architect should be associated with him, who should have the duty of careful inspection of the method of construction of school buildings. This work has been done nowhere to such an extent as in Philadelphia, where it has been carried on with a high degree of success.

Dr. A. N. Bell, of Brooklyn, then read a paper on "School-room Stunting," in which he contended that the balance of physical and intellectual forces should be carefully studied. As the oak may, by a lopping off of its limbs, and puncturing of its buds, be dwarfed to the size of a bramble bush, so improper and unnatural treatment of the child, in its growing days, may result in a stunted and imperfect growth. A due supply of good air is the first necessity of the school-room. Children differ greatly in aptitude for acquiring knowledge, and this point should be a careful study to the teacher. The physiological differences of the sexes should be observed. Physical education should go hand in hand with intellectual education, in the course of instruction.

At the evening session, Prof. Stephen Smith, M. D., gave an address on "The Application of Sanitary Principles to the Limitation of Perilous Massing of Populations in our Cities." He argued that great cities are to-day the destroyers of the race. They become the hotbeds of life and destroyers of the people. Sanitary science has suggested the principles by which a well ordered home can be supplied for every one, and may yet prove the salvation of cities. One principle is the formation of small villages outside of the cities, erected by sanitary architects. Can healthy homes be provided for the poor of cities? This question has been solved by England to a certain extent, where model houses have been erected. The dwelling is one of the greatest aids to true civilization. Houses that produce death are not properly dwellings. Death by arsenic is an easier one than the lingering one in some portions of crowded towns. Tear down these structures and build new ones, with improved drains and sewers. England has met and practically settled many questions of science. In Philadelphia, homestead associations provide healthy homes, built on sanitary principles, and nearly every family resides in its own house. We must educate the poor to some extent in sanitary science and general intelligence.

Prof. F. Donaldson, M. D., of Baltimore, then addressed the Association on "The Influence of City Life and Occupations in Developing Pul-

monary Consumption." The mortality of great cities is found to be two and a half times larger than that of the rural districts. Pulmonary consumption claims a large percentage of this mortality. It is estimated, says Dr. B. W. Richardson, that in the temperate zone, within which nearly all the civilized inhabitants of the globe are located, one-tenth, at least, of the population die of consumption. Of all influences in developing consumption in cities, impurities of the air are acknowledged as the most prominent. The introduction of foreign matter into the lungs, such as hair, flax, flint, steel, etc., frequently detected chemically and microscopically, causes phthisis. Dr. Greenhow calculated that forty-five thousand deaths occurred from this cause in England. Hereditary predisposition is unquestionably a prominent general cause. Statistics prove, that of one thousand and ten cases in the Brompton Hospital, twenty-four and four tenths per cent. inherited the disease from parents.

Assuming Dr. Parks' estimate to be correct, the amount of air that should be supplied to each individual per hour is 3000 cubic feet. Numerous diseases are directly caused by re-breathed air, which has become poisonous and stagnant from want of ventilation. The English Army Sanitary Commission's report, published in 1858, says, the excessive mortality from consumption among the soldiers, and in particular regiments, was due to insufficient ventilation and contracted quarters. The air in the barracks of the foot guards only amounted to 331 cubic feet, and the mortality from phthisis was as high as 13.8 per thousand. In those of the horse guards, on the other hand, with a space per man of 572 cubic feet, the mortality from phthisis did not exceed 7.3 per thousand.

An influence of ill health, felt more especially in cities, is the absence of sunlight. In many streets of the older cities, such as Rome and Paris, as well as of our own towns, the streets are so narrow, and the houses so high, that the sun never reaches either sleeping or sitting rooms. In underground rooms, five, ten, and twenty feet below the surface, not only goods are stored, but clerks work at their desks. In the winter, stoves are used to keep the underground quarters comfortable. It is estimated that an ordinary stove will consume 15,000 gallons of air per hour.

The doctor then considered sedentary life as another cause, and spoke of the necessity for a supply of wholesome food to all, and especially to children. One of the causes of the healthfulness of country-reared children was, that they are amply supplied with fresh butter. Dr. George Derby, of the State Board of Health of Massachusetts, in 1870, states the gratifying fact, that private and public hygiene are diminishing the mortality of consumption in that State. His report shows that the number of deaths does not increase in proportion with the population.

(To be continued.)

THE INTERNATIONAL MEDICAL CONGRESS AT BRUSSELS.

We have not found space before for a notice of the proceedings of the International Medical Congress, which met at Brussels this year.

The Congress was opened on Sunday, September 19th, in the great hall of the Palais Ducal, by Dr. Vleminckx, President of the Belgian Academy of Medicine, and provisional President of the Congress. The King of the Belgians, and a brilliant company of ladies, and more than three hundred and fifty medical men, were present. At the conclusion of the President's address a number of honorary presidents were appointed.

On Monday a reception was given to the members of the Congress by the Communal authorities of Brussels, at the Hôtel de Ville. An unlimited supply of cigars and champagne was provided, the discussion of which occupied the early part of the evening. Towards midnight a dance was improvised, and was kept up until an advanced hour. Next morning the various sections settled down to work. Several important papers were read, and at two o'clock a general meeting of the Congress took place, at which the report of the Section of Obstetrics, on the question whether women of the poorer classes who require assistance, medical or otherwise, should receive such assistance in lying-in hospitals or in their own homes, was read, and a long discussion followed. Dr. Sigmond, of Vienna, spoke in favor of hospitals, and pointed out the great improvements introduced in the Lying-in Hospital at Vienna, which is now considered the best in Europe. The great majority of the meeting, however, condemned lying-in hospitals, and resolutions were adopted declaring the necessity of radical reform in this matter; that the great lying-in hospitals should be abolished, and replaced by small ones, with a separate room for each patient; that in connection with these, convalescent homes should be instituted; and that the principle of giving, by preference, assistance at the homes of the patients should be extended as much as possible.

We add the address of the two American delegates present.

ADDRESS OF J. A. ADRIAN, M. D., OF THE AMERICAN DELEGATION TO THE INTERNATIONAL MEDICAL CONGRESS.

DELIVERED IN FRENCH, ON SEPTEMBER 22d.

MR. PRESIDENT.—For three years the American Medical Association has sent its delegates to the British Medical Association, and other kindred European societies, with the special object of asking their concurrence and coöperation in maturing a plan of uniformity of instruments, scales, tables, and records of clinical observation.

The American Medical Association hailed with fraternal feelings the call for this Inter-

national Medical Congress, and with hopes—your first programme containing a motion to create a uniform method of measuring the defects of audition, this being part of the programme—of unity of all the means of observation advocated by the American Medical Association; we cannot help feeling that if you find that part of the plan right, you will have stronger reason to support the whole.

The medical profession would find many advantages occurring from the adoption of this uniformity; common measures would restore the communication of thoughts between us better than a common language.

Mothers and nurses could be made useful recording assistants, by giving us the true signs and symptoms previously to and between our visits, and they would soon comprehend the true nature of disease and cure, instead of falling into the supernatural notions which are now forced upon them.

For these and other reasons, the American Medical Association urges upon the International Medical Congress the necessity of organizing an International Commission, having for its object to devise a plan of uniform means, instruments, scales, and clinical observation, and to report on the same at the next meeting of the International Medical Congress.

ADDRESS OF E. C. HARWOOD, M.D., OF THE AMERICAN DELEGATION, TO THE INTERNATIONAL MEDICAL CONGRESS, DELIVERED FROM FRENCH TRANSLATION, ON SEPTEMBER 22d.

MR. PRESIDENT.—The remarks of my friend and colleague, Dr. Adrian, cover nearly all that there is to be said in behalf of a uniformity of measures. I wish, however, to urge, on behalf of my constituents, the absolute necessity and great advantage to be derived from a uniform system of weights and measures.

This want has long been felt by the American profession, and in a country so rapid in its progress, the wonder is that a more advanced system has not been adopted before this. This may be accounted for, in part, on the ground that the world naturally follows in the footsteps of the mother country; but the time has now come when parent and offspring must no longer remain in opposition to the metrical system. We might just as well set ourselves in opposition to gravitation, except that we can, as two great nations, delay and retard a matter of human progress, while we could not retard gravitation.

When I say that I am heartily in favor of the metrical system, I think that I represent the sentiment of my countrymen in the medical profession. We desire to see it introduced into our country as rapidly as it can be done wisely. Our colleges and high schools all teach it, and should be earnest advocates for its more permanent introduction into our public schools, since all such reform must be forwarded by incoming generations, leaving the old system to die out

gradually with the generations as they pass away.

There is no longer any doubt with us in regard to the metrical system, for there are, at present, many of our best manufacturing chemists, among whom I might instance E. R. Squibb, M.D., of Brooklyn, N. Y., who have for many years, used this system for all nice work.

Nearly all of our best men regard the metrical system as well assured and secured upon the safe ground, first, of the growing necessity for something better than the old system, and second, that this is very much better, and probably quite good enough for the next two thousand years; and that it has been, as a system, so well constructed, and so well matured, that in less than eighty years, or two generations, it has had inherent force enough quietly to obtain the approval of a large majority of civilised nations, and is favored, if not adopted, by the best educated classes of all nations.

After the session on Wednesday, which was diminished by the absence of a large number of members to visit the public prisons, Dr. Bockert, of Paris, gave a lecture on the Diagnosis of Cerebral Disease by the Examination of the Eyes.

At the general meeting on Thursday, Dr. Lefort, of Paris, defended the resolution proposed by him, that the adoption of the principle of assistance at the homes of the patients offers the means for the suppression of lying-in hospitals, and that in cases of epidemics such institutions should be closed. Since the adoption of the system in Paris, 5020 accouchments took place in the course of three years, at the patients' homes, which would otherwise have occurred at the hospitals. The propositions of Dr. Lefort were adopted. Several reports of sections were received and adopted, including one submitted by the Section on Public Medicine, which stated the necessity of both national and international organizations of public

hygiene, and gave the outlines for both kinds of organization.

At the general meeting, Dr. Chapman, of London, read a report on prostitution in England, and the effects of the Contagious Diseases Acts on the health of the army, in which he endeavored to prove that the surveillance of prostitution is to be condemned, on the ground that it leads to clandestine immorality. A brisk discussion followed the reading of Dr. Chapman's paper, in the course of which Dr. Sigmund stated that since the adoption of a system of surveillance in Vienna, a remarkable diminution had taken place in disease, both as to the number of cases, and their virulence. Dr. Vlemineckx, the President of the Congress, said that the mastery over the scourge had been obtained in Belgium only by the system of legal surveillance. He was unable to understand why England, which decreed compulsory vaccination, did not take a like action in this matter, and said that the maintenance of the English way of treating this grave question appeared to him a danger for the whole of Europe. Dr. Gaetano Pini complained that English medical men do not limit their propaganda to England, but practice it even on the Continent. He suggested that the question of combating disease should be made one of the subjects for the consideration of an international hygienic commission.

On Thursday night a brilliant *soirée* took place at the official residence of the Minister of the Interior, in honor of the Congress. The *soirée* was attended by many members of the diplomatic body, the Burgomaster of Brussels, and other high officials. The celebrated band of the Belgian Guards was stationed in one of the rooms, and played a choice selection of music.

The proceedings of the Congress were brought to a close on Saturday, by a farewell banquet in the Gothic Hall of the Hôtel-de-Ville.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Chloride of Ammonia.

Dr. F. R. Hogg writes to the *London Medical Times and Gazette* :—

Chloride of ammonia, price one shilling a pound, is sold extensively in Indian bazaars, for cleaning gold lace, as well as for medicinal use, and appears obtained from the unburnt extremity of brick-kilns in which camels' manure is used as fuel. Of course, dirty and impure, it requires to be dissolved, strained, and re-crystallized before internal administration. In England, sal-ammoniac appears

chiefly used for cold lotions or freezing mixtures; yet for years the Germans and the French have used it as an alternative deobstruent; and, in that interesting work, the "Indian Pharmacopœia," the properties of chloride of ammonium include being useful in chronic affections of the lungs, liver, spleen, in hepatic or ovarian dropsy, in passive hemorrhages (especially hæmoptysis), in facial neuralgia, rheumatism, sciatica, amenorrhœa, whooping-cough, intermittent as well as remittent fevers. Locally it has been applied to indolent tumors, enlarged glands, incipient mammary abscesses, hydrocele, bruises, strains, and certain cutaneous diseases. One reads constant praises of the

bromide, the iodide of ammonium, yet scarcely ever even mention of the chloride. Just as Dr. Docker revived the fame of ipecacuanha, so did Dr. Stewart, in 1870, endeavor to introduce into notice the varied virtues of chloride of ammonium, and was, according to custom, promptly contradicted. The fact is, he tried to prove too much: for instance, that the remedy would charm away the pus out of an abscess or abscesses in the liver; would bring the sides of the cavity together, and, with a reduced, reinvigorated liver, the patient would go on his way rejoicing. Dr. Stewart gave scruple doses, morning and evening, kept his patients very still, and on the lightest of diet. His idea was that chloride of ammonium, besides being a general stimulant—diaphoretic, laxative, diuretic, and sedative—relieved the portal circulation, causing also absorption and elimination of diseased products. Very many medical officers think highly of this remedy: others say it is worse than useless, causing dysentery. So far, in remittent and intermittent fevers, in hepatic congestion or splenic enlargement, the satisfactory results are sufficiently encouraging to make extensive trial of chloride of ammonium.

Plastic Operation for the Lower Lip.

In the *Transactions of the Medical Society of West Virginia*, Dr. M. F. Hullihen, of Wheeling, gives an account of a plastic operation for the restoration of the lower lip, in the person of a soldier, who had lost the lip by gunshot wound. Measuring vertically, about one-half of the lower maxillary bone, from the second bicuspid tooth on the left side to the first molar tooth on the right side, together with all the intervening teeth, had been shot away.

I made incisions, one inch and a quarter in length, carried in a straight line from each commissure of the mouth, directly into and entirely through the substance of each cheek. From the outer extremity of these incisions, another incision was made obliquely downward to the margin of the orifice, thus forming a triangular flap in each angle of the mouth. The mucous membrane lining the flaps thus formed, including a proper amount of structures beneath to insure vitality, were, save at the point of their lower attachment, carefully dissected away, after which the flaps were removed. The bases of these flaps pointed directly to each angle of the mouth, and measured in width (with a proper allowance for shrinkage) the distance it was necessary to raise the portion of chin out of which it was proposed to form a new lip.

After the bleeding ceased, an incision was made on the inside margin of the callous tissue forming the base of the orifice, and the skin and subjacent textures were dissected away from their attachments to the lower maxillary bone, until they were capable of being raised up to the desired position without the least stretching. This perpendicular incision was

commenced at points nearly opposite the first molar tooth upon each side of the mouth, and extended from the margin of the orifice to a point fully half an inch beyond and around the base of the chin.

At this point of the operation, the mucous membrane, saved and dissected from the flaps removed at each angle of the mouth, was successfully utilized.

The bleeding having ceased and the chin substance being raised to its proper position as a lip, these thin flaps of mucous membrane were carefully turned around and secured to it with fine sutures of silk, forming in their joint extent a very respectable amount of inner lining. Elliptical incisions had been carried into the mucous membrane of each cheek, in order to allow these flaps being easily and properly turned into position.

The parts were now brought loosely together, and the patient placed in bed.

In the morning he was quite comfortable; the loose dressings were undone, and the raw and cut surfaces, from which all bleeding had ceased, were exposed. The teeth remaining in the back and uninjured portion of the lower jaw bone, three on one side and two on the other, stood elevated fully one and a half inches above the line of cut surface that covered what was remaining of the front and injured portion of the same bone. A large dental impression cup, especially contrived for the purpose, was filled with prepared plaster of Paris, and an accurate impression of the parts was obtained. From this impression, Dr. A. H. Fleming, dentist, by the evening of the same day, succeeded in making, in rubber, a very good substitute for the portion of jaw bone that had been shot away and which was surmounted by the proper number of artificial teeth. After the insertion of this plate, the parts were all brought securely together, the angle of the right side of the mouth being alone left open to permit of any future manipulation that might be necessary. One of the attendants had made, under my direction, a tight-fitting skull cap, and a stirrup, fitting accurately under the chin, furnished with a number of strong straps and buckles. After cropping the hair closely, these were applied, and by their means, the parts were kept in position. The healing took place rapidly and satisfactorily.

The Treatment of True Membranous Croup.

Dr. W. H. Vail, of Cornwall-on-Hudson, N. Y., writes to the *New York Medical Journal*:—

My experience during the last spring, with four very severe cases of unmistakable membranous croup, has led me to consider it a disease as amenable to treatment as dysentery or remittent fever. The symptoms in all the cases being so similar, and coinciding so exactly with those attributed in Dr. Flint's practice to laryngitis with exudation of lymph, I will not detain you with the recital of them—only referring to them as occasion may require in connection with

the treatment. Upon seeing a patient suffering from this disease, I immediately give him a full dose of calomel, from fifteen to thirty grains, to be repeated in six hours if the bowels have not operated. It allays the fever, and acts kindly on all the secretions. When this effect is desired in any disease, large doses must be given, according to Dr. Lente's plan. All of the popular hue and cry against this valuable medicine, and all of our bad results and disappointments from its use, have come from our giving it in too minute doses. It matters very little how much you give, if you only give enough to operate on the bowels, or follow it with something which will assist it to operate. At the same time I order the patient to be kept day and night in the kitchen, or a room which can as readily be kept heated at a temperature of 90° Fahr., and the air loaded with moisture till it runs down the windows, as we see it on washing-days. To make this measure effective, Dr. Sayre's plan must be followed, of keeping the temperature at 90° or 95°, if necessary, as I found it in one case. You will be surprised and gratified in a few hours at finding your patient breathing easily and sleeping quietly, to whom, before, each breath was a struggle, and there was no such thing as sleep. You must impress upon the friends the importance of maintaining the heat and moisture. If the thermometer falls to 80° or 75°, the old trouble will return. In one case I kept the heat at 90° for three days and two nights, before it seemed safe to let it subside.

These two remedies (calomel, and heat and moisture) seem to stop at once the further formation of the membrane, to loosen what is already formed, or cause it to be absorbed. They acted like a charm with three of my little patients—the fourth was moribund when I first saw him, and died in less than twenty-four hours, asphyxiated. No attempt at tracheotomy was made in his case, as the membrane evidently extended to the bronchioles, and no operation could relieve him.

To cure any sore throat that may exist, I dissolve half a drachm of chlorate of potash in a glass of water, and give a teaspoonful every two hours. I give it in all cases, for it is a tonic, and acts well on the membrane, wherever it may be.

To maintain the strength I rely on quinine, and I find the following simple prescription the most palatable and acceptable to the stomach:

R. Cincho. quinis, ℥ss
Syr. simplicis, ℥ij M.

Pulverize and triturate thoroughly. From a half to one teaspoonful every four hours.

Of course, milk, eggs, milk-punch, beef-tea, lemonade, flaxseed tea, etc., enter as nourishment into the treatment—to be varied as the strength and taste of the little ones may require.

That these were cases of true croup, as distinguished from spasmodic croup, there is no

doubt in the mind of the writer; and is proved by their symptoms not being those of any other disease, and their clinical history corresponding with what the best authors teach us to look for in that affection. The membrane was visible on the tonsils in two cases, and existed, I believe, in the larynx and trachea of the remaining two, but did not happen to extend to the throat, or was prevented from extending by the remedies used. Though I watched, and asked the friends to watch, for anything in the shape of membrane, nothing was seen.

Chloral as a Local Application for Ulcers.

A writer in the *Lancet* says:—

On visiting the wards of Guy's Hospital, we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appeared to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and, being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as a hypnotic. Whether it is taken up into the circulation or not, matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting, which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with a rapidity in some cases quite astonishing.

Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sores

were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within the fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

Sensibility Restored After Nerve-section.

A Paris correspondent of a contemporary states that, in a report recently submitted to the Academy of Sciences by M. Claude Bernard, on the occasion of the distribution of prizes, and with reference to the prize for physiology, the learned physiologist expressed himself in the following terms:—"It has often happened that, in man, when the median nerve has been accidentally divided, union has been effected by sutures, and it has been observed that the sensibility of the parts to which the nerve is distributed has been restored soon after the operation. Several authors have attempted to explain this phenomenon by the simple restoration of sensibility resulting from immediate union of the cut ends of the nerve. MM. Arloin and Tripier, however, have shown that the sensibility is due to the anastomoses of the peripheral nerves." But Professor Richet, demurring to this, offers another explanation, which would seem to accord with certain observations made in morbid histology. He accordingly sent in another report to the Academy, in which he has shown that the sensitive nerves of the hand do not terminate in the same manner as the other nerves. The terminal branches of the median nerve, and those of the radial and ulnar nerves, unite at their extremity to form loops, whence arise other smaller filaments, which are ultimately lost in the tactile papillæ. Thus it is seen that each of these papillæ receives filaments from the loops resulting from the inosculations of the ulnar and radial nerves with the median. This anatomical disposition has been perfectly shown by Professor Robin, and would explain how it is that, notwithstanding the section of the median nerve, sensibility is preserved in the essential organs of touch. As regards the sensibility of the peripheral nerve itself, "it must be admitted," added M. Richet, "that a certain number of sensitive fibres, arising either from the radial or the ulnar nerve, restore, by a recurrent course, the sensibility of the nervous trunk situated below the section, unless the sensibility depends on the *nervi nervorum* discovered by Professor Sappey, which, however, is scarcely probable. The nerves of both surfaces of the hand (the dorsal and palmar), and those of the wrist, receive filaments which terminate in integuments, independent of the inosculations of the median with the ulnar nerve. Hence it may be said that in the hand, the special organ of touch, the distribution of general and special sensibility is as complete in its way

as is the arrangement of the arterial circulation of this member."

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Opium Eating: an Autobiographical Sketch, by an habituate. Philadelphia, Claxton, Remsen & Haffelfinger, 1876. 1 volume, cloth. 8vo, pp. 150. Price \$1.00.

A notice of this little book will appear very seasonable in the *REPORTER* just now, when that journal is making a very earnest appeal to the medical profession to be on their guard in the administration of opiates. The author gives, in an irregular, at times, indeed, uncouth style, a narrative of his sufferings as an opium eater. He does not offer himself as the "reformed drunkard," but as the "frightful example." A consumer of morphia at the rate of 12 to 16 grains a day for a decade, he frankly says, "I have not, for a number of years, made an effort to renounce opium. Seventy-two hours absence from the drug would, I think, prove fatal in my case." (p. 116).

We may overlook, after such a confession, a looseness of rhetoric, which otherwise would merit criticism, and confine our attention to the facts narrated. The writer, a young man at the close of the war, was one of the many whose constitutions were wrecked by the hardships of Southern prison life. On his return, a physician whom he consulted gave him hypodermic injections, ostensibly of Indian hemp, really of sulphate of morphia. A few months of this treatment, and he found himself in better physical condition, but a slave to opium. His efforts to escape the thralldom were unavailing, and his reproaches for the deception practiced are bitter and just.

His own miseries he describes forcibly, but a better object than egotistic confessions pervades his pages. An intelligent observer, he has inquired carefully into the extent of the abuse of opium in the United States, and has convinced

himself it is appallingly great, that in many instances it has taken the place of alcohol, than which he considers it tenfold worse. There is no doubt that, in numerous individual instances, the strong total abstinence doctrines, and the dread of being suspected of tipping, have led to the adoption of this secret form of mental intoxication. It becomes a grave question whether an absolutely prohibitive law would not very much stimulate the opium traffic. "God avert the day," exclaims the author, "when liquor shall be abandoned and opium resorted to as commonly as liquor now is!" To this we say, Amen.

Several chapters in the book are occupied with severe strictures on DeQuincey's "Confessions of an Opium Eater." Of this work the author says, "He has thrown a glamor of enchantment over the subject of opium, irresistibly tempting to some minds." To this statement we give our personal testimony. When a student at a New England college, we knew several under-graduates who made their first experiments in opium intoxication, in consequence of reading DeQuincey's attractive pages.

Transactions of the Medical Society of the State of West Virginia. Wheeling, 1875. pp 129.

Of the scientific articles in this volume, those deserving of special mention are, a report on the epidemics of Wheeling, by Dr. S. L. Jepson, which includes the cholera cases of 1873, thirty-five in all; a strong plea for the more liberal use of the forceps in midwifery, by Dr. Wesley H. Sharp, who also contributes a short notice on the epidemics and climatology of the second district; and a large number of surgical cases, reported by Dr. John Frissell, of Wheeling, chiefly of cancer. Several of these latter seem to have been cured. The treatment is not very definitely detailed, but the writer says, in a general way (p. 100),

"The constant application of efficient caustics and escharotics rapidly destroys cancer cells in diseased and suspicious-looking surfaces. Let alone, these surfaces rapidly grow worse, and finally become malignant. Acetic acid, chloride of zinc, creosote, some of the preparations of arsenic and mercury, variously combined and judiciously employed, are among our most efficient means to destroy morbid growth, and to convert malignant surfaces into healing tissue."

There is here, apparently, a distinction

drawn between "cancer cells" and "malignant" cancer cells. We hope in the next installment of such cases, which Dr. F. says will be on mammary cancer, more minute therapeutical information will be given. "Variously combined and judiciously employed," is too vague an expression to be instructive.

The address of the president and several shorter papers, make up the rest of the volume.

Transactions of the Wisconsin State Medical Society, 1875. Milwaukee. pp. 104.

This neatly printed volume indicates a marked degree of scientific activity among the members of our profession in Wisconsin. The Society embraces the best men in the State; its meetings are well attended, and the character of the papers presented show a lively interest in medical progress. The President, Dr. J. T. Reeve, has a sketch of the growth and present position of the medical profession; and the papers submitted to the Society, which it referred for publication in the present volume, are as follows:—

Report on Practical Medicine, by Ira Manly, Jr., M.D., of Markesan; The Animal Ligature as a Hemostatic Agent, by S. Marks, M.D., of Milwaukee; Transplantation of Bone, by N. Senn, M.D., of Milwaukee; Puerperal Insanity, by R. M. Wiggenton, M.D., of Madison; Report of the Committee on New Remedies, by L. G. Armstrong, M.D., of Boscobel; Report on Medical Education, by M. Waterhouse, M.D., of Portage City; Cataract, by C. L. Stoddard, M.D., of Whitewater; On Skin Diseases, by C. Linde, M.D., of Oshkosh; Compulsory Vaccination, by E. L. Griffin, M.D., of Fond du Lac; A Case of Strangulated Hernia, with Recovery by Restoration of the Natural Passage after the Formation of an Artificial Anus, by Wm. McCall, M.D., of Omro; Case of Extra-Uterine Pregnancy, by Harmon Van Dusen, M.D., of Mineral Point; Case of Remarkable Malformation of the Genito-Urinary Organs, by J. A. Masterson, M.D., of Waterloo; Case of Acute Cystitis, Accompanied with Congestive Stricture of the Urethra, by E. W. Fairman, M.D., of Orfordville; Puerperal Convulsions, by J. B. Cory, M.D., of Patch Grove; Kristeller's New Method of Delivery, by A. Grætinger, M.D., of Milwaukee.

There is also a biographical sketch of Dr. T. G. Williams, by Dr. N. Senn, and the usual minutes, etc.

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ON THE USE OF THE WORD "NATURE" IN MEDICINE.

There are some expressions very current in scientific writing, which it would be altogether better not to use at all, because they have so many meanings that one never knows exactly what they do mean. Prominent among them is the word "Nature." John Stuart Mill, in an essay published after his death, recapitulates the many and discrepant meanings attached to the words "nature" and "natural." The naturalist, DeCandolle, of Geneva, has an article in his work called "*La Science*," commenting on the tendency to personification which prevails in the current use of this term, and recommends that it be dropped from writing which aims at precision.

We have rarely seen the abuse referred to by those eminent masters of composition more glaringly exemplified than in an address prepared for the Canadian Medical Association by

Dr. William Canniff, M. R. C. S. E., and published in a recent number of the *Canada Medical Record*. The title of the paper is "Nature's Power to Heal," and the disagreeable prosopopoeia which we complain of is illustrated in the following extract:—

"It is, however, in severely crushed, or torn wounds, that an additional and exceedingly wise course is pursued by Nature, for the purpose of saving and restoring tissue; around the wound is a certain portion of tissue more or less injured; some of it will or may recover, while some of it must die. Where the boundary line is to be drawn Nature must decide. It is she who will examine the molecular parts, and determine which can, and which cannot be restored, which portion shall be restored to vitality, and again enter upon the active duties of molecular life, and which shall perish and be cast off. And, as Nature will in time amputate a whole limb in a palpable manner, so will she, although impalpably, sequester the doomed tissue around the wound, and at the same time furnish a vehicle to carry off the detritus."

The like personification is over and over repeated in the common-place quotation, "*Vivificatrix Natura*," and in an extract from Paracelsus, given in a late number of the *Cincinnati Clinic*.

"It is the nature of flesh to possess in itself an innate balsam which heals the wounds. . . . Nature hath her own doctor in every limb; wherefore every chirurgian should know that it is not he, but Nature who heals. What do wounds need? Nothing. . . . So the surgery of wounds is a mere defensive, to prevent Nature suffering from any accident from without, in order that she may proceed unchecked in her operations."

The objections that we have to such language are, that it employs a metaphor where none is needed; that it assumes an entity where none exists, and finally, that it intimates that, somehow or other, the forces which control the pathological processes have a wish to diminish them, rather than the contrary.

There is not a tittle of evidence for the last mentioned supposition. It is purely gratuitous. Every man that dies, dies by Nature, and she

(if we must ascribe person and sex) has much more a *vis carnificis*, than a *vis medicatrix*.

These points were well put in the introductory of Dr. J. F. Payne, at St. Thomas' hospital, last month. He is speaking of the needless hypotheses which are so often lugged in to darken knowledge, and proceeds:—

"In medicine, errors such as these actually abound. Did time permit, we might undertake to show that many current medical doctrines are based on some underlying assumption of this kind. Let one be enough.

"The old principle "Symptoms are an effort of Nature to cure the disease," applied, in recent times, to cholera.

"Starting with the idea that Nature intends or desires to cure the patient, which is a purely metaphysical formula, from beginning to end, we then pick out some symptom or symptoms, and say that this is the instrument by which Nature cures. But how are we to know (as Professor Haughton has put it) that Nature does not want to put the patient in his coffin?—in which case we might as well say that this symptom is the instrument by which Nature kills. The only scientific way of stating the question would be this: whether or not a particular symptom contributes to recovery; and this might conceivably be ascertained by collecting a sufficiently large number of cases in which it did not, and comparing the recoveries in each. But we need not introduce any hypothesis concerning the intentions or efforts of Nature."

It would give us sincere pleasure, if, as Decandolle recommends, we could see the words Nature, natural, and supernatural, banished from the vocabulary of scientific discourse. They are worn out, and may be compared to some old ship, so covered with barnacles and adventitious growths, that they are no longer available to carry any freight of ideas.

NOTES AND COMMENTS.

Therapeutical Notes.

A GENERAL ANTIDOTE FOR POISONS.

M. Jeannel gives the following formula for an antidote for a number of deadly poisons: Solution of sulphate of iron (D. 145), 100;

water, 800; calcined magnesia, 80; washed animal charcoal, 40. These ingredients are kept separate, the solution of sulphate of iron in one vessel, the magnesia and charcoal in another, with some water. When needed, the sulphate solution is poured into the last mentioned receptacle, and violently agitated. The mixture should be administered promptly, in doses of from 1.6 to 3.3 ounces. From experiments, M. Jeannel finds that this antidote, employed in proper proportions, renders preparations of arsenic, zinc, and digtalline, completely insoluble.

SYRUP OF SALICYLIC ACID.

In giving this acid the annexed formula, for a syrup, has been suggested:—

R.	Salicylic acid,	℥ss
	Oil of sweet almonds,	℥x
	Gum arabic,	℥x
	Syrup of almonds,	℥xij
	Orange-flower water,	℥xij.

INFANTILE VOMITING.

Purgatives or ordinary astringents being either premised or contra-indicated, a valuable remedy is known in quarter or half drop doses of dilute hydrocyanic acid, with a grain or two of soda, in camphor or dill water. But in severe cases with much depression, and in many cases, as an alternative treatment, bismuth and creosote together will be found of eminent value.

MEDICAL USES OF CALABAR BEAN.

Dr. W. Munro says, in the *British Medical Journal*, I have used extract of Calabar bean with advantage as a sudorific, in cases of incipient bronchitis, congestion of the liver, phthisis, with dry, hot skin, etc., being always able to bring down the temperature two or three degrees, when sufficient doses were used; such dose being, for an ordinary adult, one-fifth, or at least one-sixth of a grain, as a minimum, which can be safely repeated every four to six hours, till the desired effect is produced, so long as the patient is carefully watched.

OFFENSIVE DISCHARGES FROM CANCER, ETC.

To counteract these, washing the parts with a weak solution of sulphurous acid; bathing them with terebene; and with a solution of chloral (℥j to ℥iv), have been recommended.

Ergotin in Cholera.

Led by the action of ergotin as a contractor of the capillaries, Dr. Redemacher has tried it

in cholera and choleraic diarrhoea. He thinks it should stop the serous exudation into the bowels by contracting their vessels. He recommends its hypodermic administration as most suitable. His formula is—

R. Ergotin, 5 parts
Alcohol, 5 parts.
Glycerine, aa. 15 parts.

Of which he injects frequently a few drops.

Louise Lateau, Again.

This famous mystic of Belgium was the subject of an editorial, last spring, in this journal. Since then she has been made the subject of an essay entitled, "Science et Miracle; Louise Lateau, ou la Stigmatisée Belge," by Dr. Bourneville, of Paris, the talented editor of M. Charcot's work on Nervous Diseases. After careful study and analysis of the writings on Louise Lateau, he concludes that her case is nothing but one of extreme hysteria. After giving a detailed account of her early life, and of her manifestations, each of which—the stigmata, the ecstasies, visions, prolonged abstinence, anuria, insomnia, etc.—he analyzes in full, he passes on to compare her case with those of other well-marked examples of hysteria.

A striking commentary regarding Lateau, has just been going the round of the papers. "It appears that for some weeks, her sister having kept priests and sight-seers aloof, she reverted to normal habits and conditions; but, relapsing into a state which led to priestly services being called in, the former symptoms—fasting, trances, and stigmata—have reappeared."

Mouth to Mouth Respiration.

Dr. Schwarz calls attention, in an address before the Cologne Medical Society, to the dangers of the process of restoring apparently dead infants, when employed by ignorant persons. He has seen several instances where the air was blown into the stomach instead of the lungs, and by swelling that viscus prevented the lungs from expanding. It requires great skill and care to avoid this danger.

Idiopathic Ptyalism.

Several cases of this curious affection are reported by Dr. Beauregard in *La France Médicale*. One was of a healthy laborer, thirty years of age, who was actually exhausted by

the copious salivary secretion. Another was a sea captain, forty years old, broken down by a choleraic attack in the East Indies. The discharge was five or six pounds a day. No cure was found in either instance.

A New—Old Tapeworm Remedy.

An old tapeworm remedy, the *saoria*, the ripe fruit of the *mæsa picta*, an Abyssinian tree, has been revived. The *Druggists' Circular*, November 1st, remarks, that at a late pharmaceutical meeting in New York, "Mr. Willcome presented a specimen of *saoria* seed, the new tapeworm remedy, which is attracting much attention among the medical profession in Germany. This was obtained from Caswell, Hazard & Co, and is of the first lot brought to this market. Its habitat is Abyssinia, where it is known by the natives as *tatze-zalze*. The seeds are contained in a small yellowish-brown, spherical capsule, and are aggregated into a very small, round ball, with some orange-red, pulpy matter. Wittstein finds it to contain boracic acid and a fatty oil. The dose is from six to eight drachms, crushed, and given in some amylaceous food, such as hominy, oatmeal, or peas, boiled to the consistency of gruel, or in an aromatic infusion of ginger, two drachms; cassia, fifteen grains; water, one pint."

Aysten's *Dictionnaire de Médecine*, and other such authorities, should be consulted before a remedy is pronounced "new."

Carbolic Acid Injections in Rheumatism.

Various German writers recommend hypodermic injections of carbolic acid, in the proportion of one, two, or three per cent. of the acid, to allay the pain of acute rheumatism. They state that for five or six hours after such an injection the joint is quite comfortable, and can be moved without inconvenience. Its action is local and temporary, does not outshort the disease, but makes it more bearable.

Sulphur as an Insecticide.

Sulphur, as a valuable but neglected remedial agent, probably owes much of its value to its proximate acids. In its use as destroying the oidium of the vine, Prof. Pollacci has demonstrated that the sulphur kills the parasite by its production of sulphurous acid, which alone possesses the destructive property. Seeing, however, that the facts he had brought to

gether received less attention than he thought they deserved, and on the hypothesis that his conclusions might have been fallacious after all, he determined to repeat the experiments on a larger scale. Having done so he found his old conclusions more than confirmed, that is to say, the grape, by contact with the sulphur under solar heat produces in abundance the sulphurous acid which destroys the oldium. Results identical with those of Prof. Pollacci were also obtained by Dr. Griffini, in the laboratory of cryptogamic botany in the University of Pavia.

Treatment of Wounds.

Dr. A. C. Mackenzie, in the *American Journal of Medical Sciences*, states that he treats wounds with much success, with warm water and a balsamic compound. The warm water not only hastens the exit of disintegrated material, but conveys to the sufferer that soothing effect which heat alone communicates. The formula which I am accustomed to use in my practice is the following:—

R. Balsam fir,

True Venice turpentine,

Oil of sweet almond, aa ʒij

Add carbolic acid ʒss, previously dissolved in ʒij warm glycerine. M.

Sig. Apply with a flat camel's hair brush, and inject into the interstices of the wound with glass syringe, having previously cleansed the wound with very warm water and bulb syringe.

Warm water applied *ad libitum*, and the diseased or injured portion enveloped in flannel cloths, immersed in water as hot as can be borne comfortably.

Chinese Medical Literature.

A foreign exchange states that the Chinese recognize many varieties of disease, founding them on principles not altogether different from our own, depending especially on the supposed causes, characteristic features, or imagined relation to viscera. They apply the same form of classification to many diseases, and are especially fond of adopting the division founded on the five senses, or on the five viscera which they enumerate—five different forms of small-pox corresponding to these five viscera. The medical works are most voluminous. It is the custom to state whatever any previous writer has said on the subject, and, in addition, to give the views of the writer himself, no

attempt being made to point out the errors of preceding writers or to sift the true from the false.

Infantile Syphilis.

The editor of the *New York Medical Journal* remarks:—

In institutions where large numbers of children are cared for, it becomes an exceedingly difficult subject to distinguish the diverse forms of stomatitis in the non-syphilitic child from the buccal manifestations in syphilitic children. Again, children suffering from inanition have, to a certain extent, the dried-up appearance of those infected with syphilis, and coryza, or the snuffles, is common to all children. The eruption must be considered as the determining symptom, and in default of that a child otherwise affected can only be looked on with suspicion, varying in degree with the number and prominence of decided syphilitic symptoms.

Further Trial of The Earth Treatment.

The earth treatment has been on trial at Charity Hospital, New York. The method of using it is to first bring the ulcer into proper condition by means of nitrate of silver, or other agents indicated. When the ulcer is thus prepared, twenty-five or thirty grafts are inserted, and the whole covered by clay, in the following manner: The dry clay is mixed up with olive-oil, to the consistence of a paste, and applied twice a day. The results obtained are highly satisfactory; more favorable, indeed, than by any of the other measures.

CORRESPONDENCE.

Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

There is no disease that has called forth more discrepant opinions, or enlisted in its discussion abler and more accomplished minds, than pneumonia, and in regard to the treatment of this disease much difference of opinion has, and still does exist. We should, however, not be restricted to the opinions of different writers, but we should be governed by the indications which may exist at the time. The question, therefore, is, not what method of treatment will cure all, but which will afford the least percentage of mortality.

In our older works on practice, we have been taught to rely on bleeding, blisters, purgatives, tartar-emetic in nauseating doses, and mercury;

our predecessors bled their patients again and again, and were by no means sparing in the use of antiphlogistic remedies. I am quite alive to the fact that, whereas our ancestors bled too much, we may fall into error and bleed too little; but whatever may be said on this point, I do believe the recoveries from pneumonia are more numerous without having recourse to antiphlogistic measures. During the first six or eight years of my practice I tried the old plan of antiphlogistic treatment; in short, I followed the teachings and literature of that day. A young man is apt to become a routinist, and I would, therefore, advise every young man starting in practice not to be carried away by every wind of doctrine, but to weigh theories by established clinical observations, when he applies his therapeutics. My experience has taught me to abandon depleting measures, not only for the ultimate safety of the patient, but even for diminishing the duration of the disease.

The treatment of pneumonia is now wholly different from what it was in the last generation. The teachings of Tanner and others, on the treatment of pneumonia, have been received and adopted by many, so that it is almost needless for me to say anything against a method of treatment, which, however firmly established it may have been at one time, is now almost wholly discontinued. We have learned to recognize the inutility of, and risks attendant upon, this routine method of treatment. We are content to trust more to nature, or the natural course of events. Prof. Austin Flint, Sr., of Bellevue College, New York, stated, in one of his lectures, last winter, that the tendency of pneumonia was towards health, and that by far the largest portion would get well without anything, except alcohol and good nourishment. Much has been said of late, of veratrum, ice packing, etc. My attention was first called to the ice-packing whilst attending Hospital in New York; I doubted, then, whether it could be introduced into private practice, and thus far, it has not been received with favor by the profession. The great object to be held in view in the treatment of pneumonia, is to reduce the temperature, and sustain the heart: for this purpose, we have no remedy at hand so efficacious as quinine, as an apyretic; and alcohol and ammonia is a useful auxiliary, together with beef tea. I am in the habit of making hot applications over the diseased region, and in some cases I resort to counter-irritation.

In conclusion, I would say that I firmly believe, from clinical experience, that if the above remedies are administered resolution will certainly follow. And until I can find as efficient and as safe a substitute, with which to fulfill the all-important indication, viz., the reduction of the temperature and the sustaining of the heart, I shall continue to regard this plan superior to the antiphlogistic or the so-called expectant method. G. T. Fox, M. D.

Bath, Pa., Oct. 18th, 1875.

NEWS AND MISCELLANY.

—At the Durham College of Medicine, Mr. H. E. Armstrong, Lecturer on Botany, took occasion to advocate the stipendiary system of payment to doctors. "According to the principle at present prevailing," he said, "the value of a medical man's services is not measured by the good he does, the evil he averts, or the anxiety and responsibility he incurs, but by the length of his attendance and the amount of physic he supplies. Non-dispensing practitioners charge only for advice, estimating it by quantity; others are content to set a price on their physic, and give the advice into the bargain; a mode of proceeding almost equal to that of Chinese physicians stating beforehand the cost of each drug they propose to administer for the consideration of the patient's friends, who, after much haggling, often end by striking out the more costly items from the prescription."

QUERIES AND REPLIES.

Dr. F. R., N. J.—1. In stricture the rule is to dilate when you can, tear when you cannot. Divulsion would not, therefore, be applicable in the case you mention. 2. A man with gleet and stricture should not marry till both are substantially cured. 3. Internal medication is useless, except to support the general health, if there is occasion for it.

MARRIAGES.

BIRD—BOSTWICK.—Dr. J. F. Bird, of Philadelphia, and Mrs. Helen Barron Bostwick, of Cleveland, O., were married in the latter city on Thursday, the 11th instant, by the Rev. C. W. Cusaling, D.D., assisted by Rev. Mr. Forbush.

EARHART—ST. JOHN.—On the 3d instant, by the Rev. G. A. Muller, at the Episcopal Church, Suspension Bridge, New York, Wm. J. Earhart, M.D., of Philadelphia, Pa., and Mrs. Isabel M. P. St. John, of Grimsby, Ontario, D. C.

LOVELAND—BILL.—In Gilsom, Oct. 21st, by Rev. A. B. Baxter, I. Albert Loveland, M.D., of Westmoreland, and L. Mahala Bill, of Gilsom.

MURRAY—NORTEN.—At the Methodist Episcopal parsonage, Mt. Carroll, Illinois, Dr. Wm. C. Murray and Miss Nettie Norten, both of Byron, Ogle county, Illinois.

RANGER—ALDRICH.—In the Presbyterian church of Tontogany, on the evening of October 27th, assisted by Rev. Taylor, Erasmus Ranger, M.D., of Weston, and Mrs. M. J. Aldrich, of Tontogany, Wood Co., Ohio.

ROEPPER—BRASHEAR.—In the Moravian Church, at Canal Dover, Ohio, November 2d, 1875, by Rev. C. C. Lanus, Mr. Charles W. Roepper, of Bethlehem, Pa., to Miss Nina Erashier, daughter of Dr. B. B. Brashear, of Canal Dover, Ohio.

SEIBERT—BRICKER.—At the Lochiel Hotel, Harrisburg, Pa., on Thursday evening, November 1st, by the Rev. Ed. Darou, W. H. Seibert, M. D., of Steel Works, Pa., and Miss Clara H. Bricker, of Mechanicsburg, Pa.

THOMPSON—REID.—On Wednesday, Nov. 3, at the parsonage, by Rev. Adam Reid, D.D., Bradford S. Thompson, M.D., and Isabella G., daughter of the officiating clergyman, all of Salisbury, Conn.

DEATHS.

SMITH.—In New York, on Wednesday, Nov. 18, Willie, youngest son of Mary A. and Dr. J. Lewis Smith, aged 9 years.